| Application or Dacket Number  |                                   |                                 |                  |          |                        |          |                               |                        | i              |
|---|-----------------------------------|---------------------------------|------------------|----------|------------------------|----------|-------------------------------|------------------------|----------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09/919283   |                                   |                                 |                  |          |                        |          |                               | દે."                   |                |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                                   |                                 |                  |          |                        | OR       | OTHER THAN<br>OR SMALL ENTITY |                        |                |
| TOTAL CLÁIMS  | OTAL CLAIMS 21                    |                                 |                  |          | FEE                    | ]        | RATE                          | FEE                    | İ              |
| FOR   | NUMBER FILED                      | NUMB                            | NUMBER EXTRA     |          | <b>355.0</b>           | D OR     | BASIC FEE                     | 710.00                 |                |
| TOTAL CHARGEABLE CLAIMS   | TAL CHARGEABLE CLAIMS 2 minus 20- |                                 |                  | X\$ 8    | -                      | OR       | X\$18=                        |                        |                |
| INDEPONDENT CLAIMS  | EDENT CLAIMS # minus 3 -          |                                 |                  | X40      |                        | OR.      | X80-                          |                        | ł              |
| MULTIPLE DEPENDENT CLAIM PRESENT  |                                   |                                 |                  | +135     |                        | OR       | +270=                         |                        | İ              |
| • If the difference in column 1 is less than zero, enter "O" in column 2  |                                   |                                 |                  |          |                        | OR       | TOTAL                         |                        |                |
| CLAIMS AS AMENDED - PART II   |                                   |                                 |                  |          |                        |          | OTHER                         |                        |                |
| (Column 1) (Column 2) (Column 3)  |                                   |                                 |                  |          | T ENLILA               |          | SMALL                         |                        | l              |
| CLAILIS REMAINING AFTER AMENDMENT  Total  Independent • 5   | NU<br>PRE                         | MBER<br>MOUSLY<br>D FOR         | PRESENT<br>EXTRA | RATI     | ADDI<br>TIONA<br>FEE   |          | RATE                          | ADDI-<br>TIONAL<br>FEE |                |
| Total .   | Minus                             | Y                               | •                | X3 9     | -                      | OR       | X\$18=                        |                        |                |
| Independent - 5   | Minus •••                         | 6                               | 2                | X40      |                        | OR       | X80=                          |                        | æ              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS  (Column 1) (Column 2) (Column 3)  |                                   |                                 |                  | +135     | .                      | OR       | +270=                         |                        | S              |
|   |                                   |                                 |                  | 10       |                        | OR       | TOTAL<br>ADDIT FEE            |                        | 17             |
| (Column 1)  | (Col                              | umn 2)                          | (Catumn 3)       | ADDIT. F | tt L                   |          | , AUGIL PEE                   | ·                      | €              |
| CLAIMS  | TO THE REAL PROPERTY.             | HEST                            | PRESENT          |          | ADDI                   | 7        |                               | ADD1-                  | <b> </b>       |
| REMAINING AFTER AMENDING TOTAL • 2 Independent • 5  | PRE                               | MOUSLY<br>D FOR                 | EXTRA            | RATI     | TIONA<br>FEE           | <u> </u> | RATE                          | TIONAL<br>FEE          | BEST AVAILABLE |
| Total • .D.   | Minus d                           | ) [                             | •                | X\$ 9    | •                      | OR       | X\$18=                        |                        | m              |
| Independent - 5   | Minus +-                          | 7 (7 4 19 4                     | ᆣᇊᅴ              | X40-     |                        | OR       | X80=                          |                        | бору           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                   |                                 |                  | +135     |                        | OR       | +270=                         |                        | 7              |
| 5/01/5  |                                   |                                 |                  | ADDIT. F |                        | OR       | ADDIT. FEE                    |                        |                |
| Column 1)   |                                   | ımn 2)                          | (Column 3)       |          | _                      |          | •                             |                        | l              |
| CLAINS REMAINING AFTER AMENDMENT  | MU<br>PREV                        | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA | RATE     | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |                |
| Total • jO,   | Minus · · · C                     | 21                              | =                | X\$ 9-   |                        | OR       | X\$18=                        |                        |                |
| Total • /Û, Independent • 4   | Minus •••                         | 5                               | •                | X40-     | 1                      | ОЯ       | X80=                          |                        |                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                   |                                 |                  |          | 1                      | 1        | ~~~                           |                        | ı              |
| * If the entry in exhamn 1 is less than the entry in column 2, write "I' in column 3.   |                                   |                                 |                  |          |                        | RO       | +270=                         |                        |                |
| "If the "Highest Number Previously Palet For" IN THIS SPACE is less than 20, exter "20." ADDIT, FEE                             |                                   |                                 |                  |          |                        | OR       | ADDIT, FEE                    |                        | l              |
| The "Highest Number Previously Paid For" (Total or independent) is the Highest number found in the appropriate box in column 1. |                                   |                                 |                  |          |                        |          |                               |                        |                |